

PLEASE READ ALL INSTRUCTIONS BEFORE COI

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
May 10 2000 8:00 am  
Secretary of State

**DOCUMENT #** P 94000041370

**1. Corporation Name**

RP'S LOCURAS, INC.

**2. Principal Office Address**

1542 S.W. 18TH TERRACE

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

Zip

33312

Country

USA

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

98-00

**4. Date Incorporated or Qualified  
To Do Business in Florida**

6-2-94

**5. FEI Number**

65-0499360

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

ROBERT A. PARKINSON

Street Address (P.O. Box Number is Not Acceptable)

1542 S.W. 18TH TERRACE

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33312

800003280458--7  
-06/07/00--01094--026  
\*\*\*1050.00 \*\*\*1050.00

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*Robert Parkinson*

REGISTERED AGENT MUST SIGN

Date **5.8.2000**

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	ROBERT A. PARKINSON	1542 S.W. 18TH TERRACE	FORT LAUDERDALE, FL 33312

**KE**

**10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

**SIGNATURE:**

*Robert Parkinson* **ROBERT PARKINSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5.8.2000**

Date

Daytime Phone #